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**FACSIMILE TRANSMISSION**

To: Examiner Monshi Pouri

Date: June 18, 1999

Fax #: 9-1- (703)308-1883 **0294**

Pages: 10

From: Ann R. Pokalsky

Re: U.S.S.N. 09/249,003

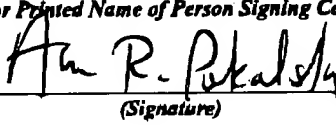
**COMMENTS:**

.Please see attached.

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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.5)</b>			Docket No. <b>8416ZYX</b>
Applicant(s):			
Serial No. <b>09/249,003</b>	Filing Date <b>February 12, 1999</b>	Examiner	Group Art Unit <b>1652</b>
Invention: <b>GLYCOSYLATION VARIANTS OF IDURONATE 2-SULFATASE</b>			
<p>I hereby certify that this <u><b>Preliminary Amendment w/ authorization to charge Deposit Acct. #19-1013 SSMP</b></u>  <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u><b>(703)308-1083</b></u>)</p> <p>on <u><b>June 18 1999</b></u>  <i>(Date)</i></p> <div style="text-align: right; margin-top: 100px;"> <u><b>Ann R. Pokalsky</b></u>  <i>(Typed or Printed Name of Person Signing Certificate)</i>    <i>(Signature)</i> </div>			
<p><b>Note: Each paper must have its own certificate of mailing.</b></p>			

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**

Applicant(s):

Docket No.

8416ZYX

Serial No.

09/249,003

Filing Date

February 12, 1999

Examiner

Group Art Unit

1652

Invention: **GLYCOSYLATION VARIANTS OF IDURONATE 2-SULFATASE****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	20 =	12 x	\$18.00	\$216.00
INDEP. CLAIMS	13 -	6 =	7 x	\$78.00	\$546.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$260.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,022.00

- ☐ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. 19-1013 SSMP in the amount of \$1,022.00  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013 SSMP  
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

*Ann R. Pokalsky*  
Signature

Dated: June 18, 1999

Ann R. Pokalsky  
Reg. No. 34,697  
Scully, Scott, Murphy & Presser  
400 Garden City Plaza  
Garden City, NY 11530  
(516)742-4343

I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

cc:

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s):			8416ZYX
Serial No. 09/249,003	Filing Date February 12, 1999	Examiner	Group Art Unit 1652
Invention: GLYCOSYLATION VARIANTS OF IDURONATE 2-SULFATASE			
<p>I hereby certify that this <u>Preliminary Amendment w/ authorization to charge Deposit Acct. #19-1013 SSMP</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703)308-1083</u>)</p> <p>on <u>June 18 1999</u> (Date)</p> <p><u>Ann R. Pokalsky</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Ann R. Pokalsky</u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**

Applicant(s):

Docket No.

8416ZYX

Serial No.  
09/249,003Filing Date  
February 12, 1999

Examiner

Group Art Unit  
1652Invention: **GLYCOSYLATION VARIANTS OF IDURONATE 2-SULFATASE****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

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TOTAL CLAIMS	32 -	20 =	12 x	\$18.00	\$216.00
INDEP. CLAIMS	13 -	6 =	7 x	\$78.00	\$546.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$260.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,022.00

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